

# CREDIT APPLICATION FORM



Mill Street, Radcliffe, Manchester M26 1AJ, England

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## TO BE COMPLETED BY ALL APPLICANTS

COMPANY NAME:

REGISTERED NUMBER: YEAR BUSINESS STARTED:

REGISTERED OFFICE ADDRESS:

TRADING ADDRESS (IF DIFFERENT FROM REGISTERED OFFICE ADDRESS):

TEL: FAX:

EMAIL: CONTACT NAME:

DIRECTORS:

PLEASE INDICATE WHICH OF THE ABOVE ADDRESSES IS THE INVOICING ADDRESS

REGISTERED OFFICE ADDRESS  TRADING ADDRESS

## THIS SECTION TO BE COMPLETED BY SOLE TRADERS / PARTNERSHIPS ONLY

THE NAME YOUR BUSINESS TRADES AS:

YEAR BUSINESS STARTED:

HOME ADDRESS OF OWNER:

HOME ADDRESS OF PARTNER:

YEARS AT PRESENT ADDRESS:

YEARS AT PRESENT ADDRESS:

# CREDIT APPLICATION FORM

(CONTINUED)



## TO BE COMPLETED BY ALL APPLICANTS

### TRADE REFERENCES

REFERENCE NO. 1:	REFERENCE NO. 2:
TEL:	TEL:
FAX OR EMAIL:	FAX OR EMAIL:

I / WE SHOULD BE OBLIGED IF YOU WOULD GRANT ME / US A CREDIT ACCOUNT WITH A MAXIMUM LIMIT OF:	£
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I / WE AGREE TO COMPLY WITH YOUR CONDITIONS OF HIRE AND MONTHLY ACCOUNTS ARE DUE FOR SETTLEMENT AT THE END OF THE MONTH FOLLOWING DELIVERY, WHERE THESE FACILITIES ARE EXCEEDED THE OWNER SHALL BE ENTITLED TO INTEREST ON THE AMOUNT THAT IS OVERDUE AT THE BANK OF SCOTLAND BASE RATE PLUS 4% CALCULATED ON A DAY TO DAY BASIS. THIS SHALL BE WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE OWNER. ANY LEGAL CHARGES INCURRED IN THE RECOVERY OF MONEY OR EQUIPMENT WILL BE PAID BY THE HIRER.

IN PROCESSING YOUR APPLICATION FOR CREDIT FACILITIES WE MAY MAKE ENQUIRIES OF CREDIT REFERENCE AGENCIES OR OTHER THIRD PARTIES WHO MAY RECORD THOSE ENQUIRIES. WE MAY ALSO DISCLOSE INFORMATION ABOUT THE CONDUCT OF YOUR ACCOUNT WITH US TO CREDIT REFERENCE AGENCIES OR OTHER THIRD PARTIES. THE INFORMATION OBTAINED FROM OR PROVIDED TO CREDIT REFERENCE AGENCIES OR OTHER THIRD PARTIES MAY BE USED WHEN ASSESSING FURTHER APPLICATIONS FOR CREDIT TERMS, FOR DEBT COLLECTION, FOR TRACING AND FRAUD PREVENTION.

### PLEASE SEND THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION (TICK BOXES TO CONFIRM)

- 1 COPY OF YOUR COMPANY'S LETTERHEAD     PROOF OF INSURANCE FOR HIRED IN PLANT

SIGNATURE:
NAME:
POSITION:
DATE:

### PLEASE RETURN TO:

BY FAX: 0161 959 9043  
BY EMAIL: accounts@pjuk.com  
BY POST: PJP (UK) LTD, MILL STREET, RADCLIFFE, MANCHESTER, M26 1AJ, ENGLAND